



Adult Camper Medical Form 2026

Adult Camper Information		
Legal First & Last Name		
Preferred or Nickname		
Date of Birth		
Street Address	City, State	Zip Code
Adult Camper's Email	Adult Camper's Cell	
Health Insurance Carrier and Policy/Group #	Name of Insured	
Adult Camper's Physician	Physician's Phone Number	

EMERGENCY	1st Contact	2nd Contact	3rd Contact
Name			
Relationship to Self			
Primary Phone			
Alternate Phone			

General Health Information

If you check yes to any of the items below, please explain in the comment section as needed. Check the box if the adult camper has or does:

- Had any recent injury, illness, or disease?
- Have a chronic or recurring illness/condition?
- Have frequent headaches?
- Ever had a seizure?
- Have diabetes?
- Have asthma?
- Ever had high blood pressure?
- Had mononucleosis in the last 12 months?
- Have a bleeding or clotting disorder?
- Ever been diagnosed with a heart defect/disease?
- Have problems with sleepwalking?
- Any physical condition requiring restrictions on participation in the camp program?
- Is pregnant and/or breastfeeding?

Date of Last COVID Vaccine	Date of Last Tetanus Vaccine	Date of Last Medical Exam	
All Other Immunizations are Up to Date (If no, explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:			

Dietary Information

I eat a regular, varied diet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am lactose intolerant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a vegetarian.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		

Allergies: Please Explain

Medications	
Foods	
Insects/Environmental	

Medications

- I will **NOT** be bringing any medication (prescription or non-prescription)
- I will be bringing (prescription and non-prescription) medication **in its original container labeled with my name** to be stored in Ulrich Lodge. I will be responsible for administering meds to myself as needed.

In case of an emergency, it is important for paramedics to know that I am on the following medications:

Medication	Dose	Time	Reason for Taking Med

OPTIONAL: Immigration Support Information

Camp Alexander Mack is protected by ABCUSA’s preliminary injunction against DHS. This means ICE, CBP, and DHS agents generally cannot conduct immigration enforcement at Camp Alexander Mack, including making arrests and conducting interviews or interrogations. They are also prohibited from setting up checkpoints or other barriers to conduct immigration enforcement of individuals entering or leaving. As such, it is as safe to attend camp as it would be to attend your local church for Sunday worship. Out of an abundance of caution, you are welcome to share pertinent information to expedite legal support in the event of immigration enforcement activity. It is optional.

A-Number	
Immigration Lawyer Name & Firm	
Lawyer’s Phone	
Lawyer’s Email	

Authorization:

The personal and medical information is correct and complete as far as I know. I am able to engage in all camp activities as noted. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary, related transportation for myself. In the event of an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for myself. This completed form may be photocopied for trips out of camp.

Signature: _____

Date: _____

Print Name: _____